									SERIAL NO. FILING DATE						
•	MULTIPLE DEPENDENT CLAIM														
	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								NT(S)						
		FOR US	E WITH .	FORM P	ro-875)										
	CLAIN AFTER AFTER						S								
	AS FILED		1st AMENDMENT		2nd AMENDMENT		ļ		ļ		Ĭ		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	4		<u> </u>					51							
2	<u> </u>		ļ					52							
3	1							53			L				
4	4		ļ					54							
5	4		ļ				1	_55_							
6	Í			<u> </u>				56							
7								57	:		ļ	ļ			
8							↓	58			ļ				
9		/	 					59			ļ				
10		¥						60			!				
11		/		 				61							
12	$-\Lambda$							62			ļ				
13	+							63							
14	-/-\		 		_			64			<u> </u>		ļ		
15	$\vdash \vdash \vdash$						l	65							
16		\						66			ļ				
17			·					67							
18	-							68							
19	H							69							
20								70			!				
21								71			ļ				
22								72			ļ ——				
23 24								73			 				
25								74							
26					-			75			-				
27								76							
28					-		} }	77 78		-					
29								79							
30		-						80							
31							1 1	81							
32				-			i t	82							
33								83							
34							l t	84							
35								85							
36								86			<u> </u>				
37							 	87							
38								88							
39							i İ	89							
40								90							
41			_					91							
42								92							
43								93							
44								94							
45							[95							
46								96							
47								97							
48	<u> </u>							98							
49 .								99							
50 TOTAL	- ,	-	ļ					100							
TOTAL IND.	1					- 1		TOTAL IND.			L	-1			
TOTAL DEP.	.5	لب		ا ف		ب		TOTAL DEP.		-		-		ا ب	
TOTAL	7.	Live of		134 8 18		T seals:		TOTAL			 				